

ADAT

Alcohol and Drug Addiction Treatment Program



**Tennessee Department of Mental Health
and Developmental Disabilities
Division of Alcohol and Drug Abuse Services
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243
(615) 741-1921**

ADAT Website:
<http://www.tennessee.gov/mental/A&D/adat.htm>

ADAT Information Packet

FY 2008

July 30, 2007

NOTE: December 1, 2006 Program Expansion

Effective December 1, 2006, the ADAT Program expanded its program eligibility criteria **to include individuals convicted of a DUI First Offense** who are ordered to treatment and deemed indigent by the court.

With the December 1st expansion, individuals with a **current DUI First Offense** conviction no longer have to qualify as repeat offenders or have proof of a prior DUI conviction to be eligible for the ADAT Program.

This expansion is a result of the new law (Public Chapter 983) that went into effect on July 1, 2006. The new law revises the language of T.C.A. 55-10-403(c)(1) and requires courts to order an alcohol assessment and treatment for all persons convicted of a DUI offense.



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
DIVISION OF ALCOHOL AND DRUG ABUSE SERVICES
CORDELL HULL BUILDING, FIRST FLOOR
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243
615-741-1921

MEMORANDUM

TO: Whom It May Concern

FROM: Patricia B. (Pat) Wilson, ADAT Program Director

DATE: July 30, 2007

RE: **State-Paid Alcohol and Drug Addiction Treatment (ADAT) Program**

Thank you for your interest in the State's "ADAT" Program. This program is designed to pay for court-ordered "A&D" treatment services for DUI offenders who, **based on a current conviction**, are ordered to treatment and deemed indigent by the court. ADAT will pay for approved individuals to undergo an alcohol and drug assessment and receive appropriate treatment. Therefore, once a client is approved, ADAT will cover treatment services throughout the client's treatment episode. ADAT provides a full continuum of care including: detox, residential rehab, halfway house and outpatient services.

I am enclosing an updated Approval Checklist which outlines the eligibility criteria, and sample paperwork (a Court Order and Client Consent Form) which you may fax to this office when making a request. Please also attach proof of conviction. (Note: The order to treatment must be based on a current ADAT-eligible conviction). Once a client is approved, we will fax a memo of approval to you. At that time, the client is free to contact any one of our contracted treatment providers, tell the provider that he/she is "ADAT-approved," and schedule an assessment and subsequent admission date. If you would like to identify the ADAT treatment provider who is closest to your area, please call me or e-mail me (Pat.Wilson@state.tn.us) to request.

Feel free to call me if you have any questions about the program. Thank you.

(615) 741-1921 Division's Main Number

(615) 532-7801 My Direct Line

(615) 532-2419 Division FAX Number

Attachments – ADAT Approval Checklist, Sample Court Order and Client Consent Form

ADAT APPROVAL CHECKLIST
For Courts and Treatment Providers
July 30, 2007

Issued by the Alcohol and Drug Addiction Treatment (ADAT) Program
Tennessee Department of Mental Health and Developmental Disabilities
Division of Alcohol & Drug Abuse Services
Phone Number (615) 741-1921

The following documents will be required for an ADAT approval.

1. COURT DOCUMENT(S) SHOWING:

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A CURRENT CONVICTION within ONE of the following categories:

- A. DUI First Offense; **OR**
- B. DUI Second (or greater) Offense; **OR**
- C. Driving on a Revoked License (with proof that the original revocation was due to a DUI conviction in the past five years).

**** As long as the person is on probation, the conviction remains current.**

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THE PERSON HAS BEEN DEEMED INDIGENT BY THE COURT

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THE PERSON IS BEING ORDERED TO TREATMENT

All ADAT-approved individuals will be required to undergo a standardized alcohol and drug abuse assessment and receive appropriate treatment based on the clinical assessment (even if a court order specifies a particular level of treatment or length of stay). **Once a client is approved, ADAT will cover treatment services throughout the client's treatment episode. ADAT-covered services include: detox, residential rehab, halfway house and outpatient services.**

For your convenience, see "Sample ADAT Court Order" Attached.

2. SEPARATE DOCUMENTATION:

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SHOWING THE CONVICTION -

(such as a copy of the Judgment with the Judge's signature)

3. A CONSENT FORM

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COMPLETED AND SIGNED BY THE CLIENT

(see attached form entitled, "Consent for the Release of Confidential Alcohol or Drug Treatment Information")

ADAT Approval Checklist
Issued by the Division of Alcohol and Drug Abuse Services
Tennessee Department of Mental Health and Developmental Disabilities
July 30, 2007

How to Submit an ADAT Request

You may FAX the above-referenced materials to the ADAT Office as listed below. All eligible persons will be approved for the ADAT Program – provided dollars are still available in the current fiscal year budget. The ADAT Program’s budget is \$4,500,000 for FY 2008 (July 1, 2007 through June 30, 2008).

Approval

Once a request is approved, the ADAT Program will send a Memo of Approval/Authorization back to the requesting party (stating that the defendant is approved for the ADAT Fund and is authorized to schedule an assessment and begin appropriate treatment at any ADAT-contracted treatment facility). If you need a list of contracted treatment providers and the services which they offer, please call the ADAT Office to request.

Please refer ADAT Questions to:

Pat Wilson

Director, ADAT Programs and Program Accountability
Direct Line: (615) 532-7801 E-mail: Pat.Wilson@state.tn.us

OR

Ann Marie Dixon

Senior ADAT Program Consultant
Direct Line: (615) 532-7799 E-mail: AnnMarie.Dixon@state.tn.us

OR

Diane Langdon

ADAT Program Consultant
Direct Line: (615) 253-8951 E-mail: Diane.Langdon@state.tn.us

Main A&D Division Number: (615) 741-1921
A&D Division FAX Number: (615) 532-2419

Please see Attachments:

1. ADAT Sample Court Order, FY08
2. Client Consent Form entitled, “Consent for the Release of Confidential Alcohol or Drug Treatment Information

Also, you may access this packet on the

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| ADAT WEBSITE |
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Please go to: <http://www.tennessee.gov/mental/A&D/adat.htm>

ADAT SAMPLE COURT ORDER – July 30, 2007

IN THE _____ COURT IN AND FOR
_____ COUNTY, TENNESSEE
--- _____ JUDICIAL DISTRICT ---

STATE OF TENNESSEE vs. _____

Date of Birth ____/____/____ Soc.Sec.No.____-____-____

ORDER

The Court finds that the defendant has a current conviction of:

1. _____ a DUI First Offense; **OR**
2. _____ a DUI Second (or subsequent) Offense -
_____ (please specify the offense here); **OR**
3. _____ Driving on a canceled, suspended or revoked license (when the
original cancellation, suspension or revocation was due to a DUI
conviction in the past five years).

The Court further finds that the defendant is indigent pursuant to T.C.A. 55-10-403(a)(4)(B).

The Court further finds that the defendant has consented to a release of information form that has been executed by the defendant.

The defendant is hereby ordered to undergo an alcohol and drug abuse assessment and receive treatment as appropriate.

ENTER this the _____ day of _____, _____.

Signature of the Judge: _____

Please Print the Judge's Name here: _____

Attachments: Copy of the Judgment and a completed Client Consent Form

Consent for the Release of
Confidential Alcohol or Drug Treatment Information

July 30, 2007

I, _____, authorize
(Name of Client / Defendant)

(Please include the name of the office or program who is submitting the ADAT request)

to provide by facsimile transmission or U.S. mail to the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services, a copy of the court order sentencing me to attend alcohol and drug addiction treatment, documentation of my indigency status, documentation of my conviction(s), and a copy of this release form. I further authorize the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services, to provide this information by facsimile transmission or U.S. mail to any of its contracted treatment agencies in order to arrange my treatment.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Dated: _____

Signature of Client / Defendant

Signature of authorized representative (Optional)